

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>   |  | Docket Number (Optional)<br>564462006000 |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
|---|--|--|--------|------------|-------------------------|--|--------------------------|-------------------------------|-------|------|----------|-------------------------------------|--------------------------------|-------|-------|-----------|--------------------------|----------------------------------|--------|-------|----------|--------------------------|---------------------------------|--------|-------|----------|--------------------------|---------------------------------|--------|--------|----------|
| Application Number  | 10/081,739                             | Filed February 21, 2002                  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| For ENYZMES HAVING ALPHA AMYLASE ACTIVITY AND METHODS OF USE THEREOF  |  |  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| Art Unit 1652   | Examiner                               | Manjunath N. Rao, Ph.D.                  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td style="text-align: center;">Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ 225.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> |  |  |        | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 225.00 | <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|   | <u>Fee</u>                             | <u>Small Entity Fee</u>                  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))          | \$120                                    | \$60   | \$ _____   |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))         | \$450                                    | \$225  | \$ 225.00  |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))       | \$1020                                   | \$510  | \$ _____   |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))        | \$1590                                   | \$795  | \$ _____   |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))        | \$2160                                   | \$1080 | \$ _____   |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>03-1952</u> <span style="margin-left: 20px;"><u>I have enclosed a duplicate copy of this sheet. Fee<br/>Transmittal form (PTO/SB/17) is attached to this<br/>submission in duplicate.</u></span>  |  |  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br><span style="margin-left: 20px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</span><br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,440</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br><span style="margin-left: 20px;">Registration number if acting under 37 CFR 1.34 _____.</span>   |  |  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <u>/Gregory P. Einhorn/</u><br>Signature  |  | May 3, 2007<br>Date                      |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <u>Gregory P. Einhorn</u><br>Typed or printed name  |  | (858) 720-5133<br>Telephone Number       |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted. |  |        |            |                         |  |                          |                               |       |      |          |                                     |                                |       |       |           |                          |                                  |        |       |          |                          |                                 |        |       |          |                          |                                 |        |        |          |